

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542983

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		1		1		
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		0				
28		1		1		
29		1				
30		1		1		
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		8				
39		8				
40		8				
41		8				
42		8				
43		8				
44		8				
45		8				
46		8				
47		8				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59		4				
60	1					
61		1				
62		4				
63		4				
64		0				
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓	1	↓		↓
TOTAL DEP.	170	←	19	←		←
TOTAL CLAIMS	174		20			